State of Idaho

DEPARTMENT OF INSURANCE

JAMES E. RISCH Governor

700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4370 FAX # (208)334-4375

Original License Fee

SHAD PRIEST Acting Director

MARK LARSON State Fire Marshal

APPLICATION FORM FIRE PROTECTION SPRINKLER FITTERS IDAPA Rule 10.01.49

\$50.00

	Exam Fee	\$25.00		
	Annual Renewal Fee	\$25.00		
	Duplicate License Fee	\$25.00		
Name			Date	
Address			_City	
State	Zip		Phone	
Name of Firm:				
Physical Description:				
Birth Date	AgeW	eight	Height	
Hair Color	Eye Color	Male _	Female	
a				
Section3. FITTERS				
All fitters, as described i	n Section 4 (03) <u>may</u> be lice	nsed under th	is regulation as follows:	
03. No fitters license sha day of December of each	ll be valid for a period of lo year regardless of the mon	nger than one th issued.	(1) year and shall expire on	the 31st
prescribed, be renewed	nas not been suspended or for an additional period o ewal on such form as is pres	f one (1) vear	from its expiration upon	ewal fee filing an
05. A Duplicate license on a form to be prescri such duplicate license sh the same number as the	may be issued for one lost, bed by the State Fire Mars all have the work "duplica one it replaced.	destroyed or shal, and the j te'' stamped a	mutilated upon application payment of the fee prescrib cross the face thereof and s	for such ed. Each hall bear
-	DO NOT WRITE	BELOW TH	IS LINE	
Application Appro	ovedNor	t Approved		_
License Number Is	ssuedDat	te		

Date

Idaho State Fire Marshal